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SLEEP APNEA A RISK FACTOR FOR POOR DRIVING

The Clinical Digest item "Risk factors for poor driving among elderly people" (*Can Med Assoc J* 1995; 152: 2011) refers to an interesting article in the *Annals of Internal Medicine*, which, however, had a serious omission in the data.¹ We have written to the *Annals of Internal Medicine* about this.

The authors of the study gathered information from 283 drivers on demographic aspects, health, psychosocial activity and physical performance. However, they did not obtain information about sleep disorders, which occur frequently in elderly people. Such disorders include sleep-disordered breathing, poor sleep habits and periodic leg movements. All of these have been shown to make people sleepy during the daytime, which may lead to automobile accidents.²

Obstructive sleep apnea occurs in 2% to 4% of the population of North America³ and increases with age, even among otherwise healthy elderly people. It is the most common disorder seen in patients who report excessive daytime somnolence and, conversely, this symptom is present in 90% of patients with ob-

structive sleep apnea. An abnormal apnea/hypopnea index is found in 3% of people 60 years of age, 33% of those 70 years of age and 39.5% of those 80 years of age.⁴ Patients with obstructive sleep apnea have automobile accidents at twice the rate of people without the disorder.⁵ Therefore, physicians in most provinces of Canada report patients with sleep disorders to the local motor-vehicle licensing agency and, indeed, are required to do so. Sleep disorders, with associated daytime somnolence, in elderly people should be considered in research into automobile accidents.

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References

1. Marottoli RA, Cooney LM Jr, Wagner DR et al: Predictors of automobile crashes and moving violations among elderly drivers. *Ann Intern Med* 1994; 121: 842-846
2. Sleep apnea, sleepiness and driving risk. Official statement of the American Thoracic Society. *Am J Respir Crit Care Med* 1992; 150: 1463-1473
3. Young T, Palta M, Dempsey J et al: Occurrence of sleep disordered breathing among middle aged adults.

N Engl J Med 1993; 328: 1230-1235

4. Hoch C, Reynolds CF 3d, Monk TH et al: Comparison of sleep disordered breathing among healthy elderly in the seventh, eighth and ninth decades of life. *Sleep* 1990; 13: 502-511
5. Findley LJ, Unverzagt ME, Suratt PM: Automobile accidents in patients with obstructive sleep apnea. *Am Rev Respir Dis* 1988; 138: 337-340

COURAGEOUS ACTION NEEDED TO END SMOKING

In his book about World War I, former British Prime Minister Winston Churchill commented that the leaders continued to throw the troops into costly and futile offensives because they could not stop themselves from doing so. Despite all of the accumulated evidence, clear at a glance to anyone outside the higher circles, the leaders blindly sent thousands to their deaths without a second thought.

Reading this history makes me think of all of my patients who continue to smoke despite all of the evidence that they should do otherwise, including the 70-year-old woman who underwent coronary angioplasty in February 1995 and presented to-